

Village of Weston 5500 Schofield Ave. Weston, WI 54476	<h1 style="margin: 0;">Plumbing Permit Application</h1> <p style="margin: 0;">Commercial & Multifamily New Building & Alterations</p>	Application No. Parcel No.
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PERMIT REQUESTED	<input checked="" type="checkbox"/> Plumbing, Project Type: <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION
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Owner's Name	Mailing Address	Tel.
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Construction Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
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Plumbing Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
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			FAX
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PROJECT LOCATION	Lot area _____ Sq. ft.	_____ ¼, _____ ¼, of Section _____, T _____ N, R _____ E (or) W
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Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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Commercial Building Number of plumbing Fixtures _____ Times \$5.00 _____

Multifamily (3 or more units) Number of units _____ Times \$25.00 _____

Minimum permit fee \$50.00 _____

Plumbing fixtures are: Automatic Washer, Sink, Dishwasher, Water Closet, Shower, Lavatory, Laundry Tub, Mop Sink, Urinal, Bath Tub, Drinking Fountain, Water Heater, Sump & Sewerage Pumps.

FEES ARE DOUBLED IF WORK IS STARTED PRIOR TO ISSUEANCE OF PERMIT!

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

Water & sewer lines must be installed before foundation footing is placed. Fill under footing must be mechanically compacted.

Cost of Project: _____

ISSUING JURISDICTION	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location <h2 style="margin: 0; text-align: center;">37-192</h2>
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FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Erosion	Name: <u>Shaun Scott Tatro</u>
Inspection \$ _____		Date: _____ Tel. (715) 241-2620
Other: \$ _____		Cert No.: <u>170565</u>
Total \$ _____		

Fixture count work sheet

Automatic Washers	_____
Sinks	_____
Dishwashers	_____
Water Closets	_____
Showers	_____
Lavatories	_____
Laundry Tubs	_____
Mop Sinks	_____
Urinals	_____
Bath Tubs	_____
Drinking Fountains	_____
Water Heaters	_____
Sump Pumps	_____
Sewerage Pumps	_____
Total Fixtures	_____